•									Applicatio	u orti	ocket Nun	nber _.
- PATENT APPLICATION FEE DETERMINATION RECOI									11/2			
Effective October 1, 2003 /0774796												2
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	KTITNE	OR	OTHER SMALL	R THAN ENTITY
Ti	OTAL CLAIMS		26	7	·			RATE	FEE	7	RATE	FEE ·
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			26 _{minus 20=}		. 6			XS 9=		OR	X\$18=	108
INDEPENDENT CLAIMS			6 minus 3 =		3			X43=		OR	X86=	758
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT			-145				OR	÷290=	-X1-121
* If the difference in column 1 is less than zero, enter "0" in column 2							4	TOTAL	-	OR		1126
() () () CLAIMS AS AMENDED - PART II								rome	<u> </u>	1 0	OTHER	THAN
4	(Column 1) (Column 2) (Column 3							SMALL	ENTITY	OR	SMALL	
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MO	Total	. 22	Minus	-20	, .	=		X\$ 9=		OR	X\$18=	
ME	Independent	. 6	Minus	 (0	=		X43=		OR	X86 ₇	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-+145=		OR	+290=	
								TOTA	L		TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FE	: L		ADDIT. FEE	
	<u> </u>	CLAIMS		HIĞH	ST		ſ		ADDI-	1 1		ADDI-
ENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	•	Minus	**		=		XS 9=		OR	X\$18=	
AME	Incependent	•	Minus	***		-		X43=		OR	X86=	
Ľ	FIRST PRESE	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=		OR	+290=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Ind pendent	•	Minus	***	•	=		X43=		OR	X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290= TOTAL	
	l the "Highest Nur	mber Previously Pa mber Previously Pa	id For [*] IN THI:	S SPACE is	less than	20, enter "20."	AI	TOTAL DOIT. FEE	L	OR ,	ODIT. FEE	
		ber Previously Paid					r foun	d in the ap	propriate bo	x in coli	חחו.	